



CASTLE ROCK POLICE DEPARTMENT PERSONNEL COMPLAINT

100 PERRY STREET CASTLE ROCK, CO 80104
(303) 663-6100 FAX (303) 663-6105

COMPLAINANT'S INFORMATION				
NAME:		AGE:	SEX:	DATE OF BIRTH:
HOME ADDRESS:		CITY:	STATE	ZIP
E-MAIL ADDRESS:			HOME PHONE: ()	CELL PHONE: ()
WITNESS INFORMATION				
NAME:		ADDRESS:		PHONE: ()
NAME:		ADDRESS:		PHONE: ()
IDENTITY OF INVOLVED PERSONNEL				
<input type="checkbox"/> OFFICER <input type="checkbox"/> CIVILIAN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME/DESCRIPTION/VEHICLE #:		BADGE #:
<input type="checkbox"/> OFFICER <input type="checkbox"/> CIVILIAN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME/DESCRIPTION/VEHICLE #:		BADGE #:
DETAILS OF COMPLAINT				
DATE, TIME AND LOCATION OF OCCURRENCE:				
NARRATIVE:				
COMPLAINANT'S AFFIRMATION:				
I DO SOLEMNLY SWEAR THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT BASED ON THIS COMPLAINT, AN INVESTIGATION WILL BE CONDUCTED AND THAT IF SUBSTANTIATED, APPROPRIATE ACTION MAY BE TAKEN. I FURTHER UNDERSTAND THAT IF THE INVESTIGATION PROVES THE ALLEGATIONS WERE KNOWN BY ME TO BE FALSE WHEN THE COMPLAINT WAS SIGNED, THE CASTLE ROCK POLICE DEPARTMENT MAY INITIATE APPROPRIATE LEGAL ACTION AGAINST ME FOR KNOWINGLY MAKING/GIVING FALSE INFORMATION, PURSUANT C.R.S. §18-8-111(1)(B).				
COMPLAINANT'S SIGNATURE:				DATE:
PERSON RECEIVING COMPLAINT:		SIGNATURE:		DATE:
DEPARTMENT USE ONLY				
RECEIVING SUPERVISOR:		SIGNATURE:		DATE:
HOW COMPLAINT WAS RECEIVED: <input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ONLINE <input type="checkbox"/> VOICEMAIL				
PRELIMINARY STATUS: <input type="checkbox"/> RESOLVED/NO FURTHER <input type="checkbox"/> FORWARDED TO:				

DETAILS OF COMPLAINT (CONTINUED)

NARRATIVE:

COMPLAINANT'S SIGNATURE:

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